

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19630

Registrar's No.

5316

ED JUN 19 1943

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 8 days
(Specify whether
In this community..... Life
years, months or days)

3. (a) PRINT
FULL NAME

Henry Grayson

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex..... Male 5. Color or race..... Col
6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Grace Grayson
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... Dec 2 1881
(Month) (Day) (Year)

8. AGE: Years..... Months..... Days..... If less than one day
61 6 4 hr..... min

9. Birthplace..... Pacific Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Laborer

11. Industry or business.....

12. Name..... Samford Grayson

13. Birthplace..... Unknown
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant..... Grace Grayson

(b) Address..... 4315 Cozens Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 6-10-43
(Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood

18. (a) Signature of funeral director..... McDowd

(b) Address..... 1211 N. Taylor Ave

19. (a) JUN 10 1943 (b) J. J. Bredbeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No..... 4315 Cozens
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 5,
year..... 1943 hour..... 2 minute..... 57 A. M.

21. I hereby certify that I attended the deceased from..... May
28, 1943 to June 5, 1943
that I last saw him alive on..... June 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Degenerative Heart Disease
Chr. Nephritis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... J. J. Bredbeck (M. D. or other)

Address..... 2601 Whittier Date signed.....

WRITE PLAINLY—USE UNFADING, BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William C McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell
Licensed Embalmer No. 2114

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.